

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/787006

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3		2		2		2
4		0		1		2
5		0		1		2
6						
7		0		1		2
8						
9		0		1		2
10						
11	1		1		1	
12						
13		1		1		1
14						
15		4		3		3
16		0		1		1
17			1	3		3
18						
19						
20						0
21						1
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TOTAL IND.	2	0	3	0	3	0
TOTAL DEP.	18	0	20	0	25	0
TOTAL CLAIMS	20	0	23	0	28	0

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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PTO-875 (REV. 3-79)

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